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IMMUNOLOGY OF THE RETINA, CLINICAL ASPECTS

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EXPERIMENTAL UVEITOGENIC ANTIGENS AND THEIR ROLE IN CLINICAL UVEITIS

D. BenEzra and G. Maftzir, Department of Ophthalmology, Hadassah University Hospital, Jerusalem, Israel

Purpose: To assess the possible role of experimental uveitogenic antigens (S-Ag, IRPB and recoverin) in human uveitis.
Methods: Patients suffering from non-infectious bilateral uveitis and from the ocular type of Behcet's disease were included in this study. Patients' lymphocytes were tested for their possible in vitro anamnestic immune response (specific blast transformation) to S-Ag, IRBP and recoverin. The tests were carried out and recorded in a masked manner.
Results: Lymphocytes obtained from patients showed an unexpectedly low incidence of response towards SAg and IRBP. This low incidence of specific response was only slightly higher than that observed for the group of healthy volunteers included as controls. To recoverin, there was no specific response of either the patients' lymphocytes or those of healthy controls.
Conclusions: These data may be interpreted to indicate: a) The experimental uveitogenic antigens (S-Ag, IRBP and recoverin) may play a role in the uveitis observed in humans. However, the sensitized lymphocytes "home" to the eye and therefore are not detected in the circulation. b) The experimental uveitogenic antigens known to date do not play a major role in the uveitis as observed in humans.

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PREDICTION OF IMMUNOSUPPRESSIVE TREATMENT OUTCOME IN UVEITIS

D. BenEzra, G. Maftzir, and E. Cohen, Department of Ophthalmology, Hadassah University Hospital, Jerusalem, Israel

Purpose: To evaluate the possibility of predicting the optimal initial dose and treatment outcome in patients suffering from severe chronic non-infectious bilateral uveitis.
Methods: Ten patients suffering from non-infectious chronic bilateral uveitis were included in this pilot study. Blood was withdrawn before the initiation of treatment. The lymphocytes were isolated, cultured in microplates and stimulated with Concanavalin A in the presence of various concentrations of Cyclosporin A (CsA). According to the extent of CsA inhibition in vitro, a scheme for an optimal initial treatment regimen was devised and carried out.
Results: Patients showing a higher sensitivity to the presence of CsA in vitro tended to respond clinically to a lower initial dose of the drug. Also, a decrease in the intensity of intraocular inflammation was observed after a shorter period of treatment in these patients. Furthermore, it was found that the clinical response was best correlated with the ability of the patients' serum (under treatment) to influence the extent of blast transformation of lymphocytes obtained from healthy volunteers.
Conclusions: These preliminary data demonstrate that the in vitro response of patients' lymphocytes can be a useful tool for predicting the clinical response of patients with severe uveitis.

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MANAGEMENT OF SYMPATHETIC OPHTALMIA: A REVIEW OF 11 CASES.

LOUVET B. REUX I. FARDEAU C. BREZIN A. and LE HOANG P.
Service d'ophtalmologie, hopital Pitié-Salpétrière (Paris) F.

PURPOSE: To evaluate the treatment and the visual prognosis of sympathetic ophtalmia.

METHODS: Eleven cases of sympathetic ophtalmia were retrospectively reviewed. The mean follow-up was 26 months (range from 8 to 51 months).

RESULTS: Nine patients were males, and 2 females. The average age was 50 years (range from 23 to 67). The diagnosis was made on clinical history of granulomatous uveitis (panuveitis in 10 cases, anterior uveitis in 1 case), occurring after a perforating ocular injury (7 cases), intra-ocular surgery (3 cases), or multiple traumas in a case of congenital microphtalmia. The onset of the uveitis occurred from 1 to 252 months (21 years) after the inciting trauma (mean= 72 months). Tuberculosis, sarcoïdosis, leprosy, and Vogt-Koyanagi-Harada were ruled out. All patients received high doses of systemic steroids, in combination with colchicine in 5 cases, with immunosuppressive drugs in 3 cases (cyclosporine in 2 cases and cyclophosphamide in 1 case). In 7 cases, the exciting eyes were not enucleated, but they did in 4 cases (3 during the uveitis). Five of the 7 non-enucleated patients and 3 of the 4 enucleated patients retained a visual acuity of 0.6 or better in the sympathizing eye.

CONCLUSIONS: This study suggests that the non-enucleation of the exciting eye, that still retain acceptable vision, does not aggravate the visual prognosis. Systemic steroids alone or in combination with immunosuppressive treatments seem to allow an efficient control of the intraocular inflammation with a good visual outcome.

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TITLE : VOGT-KOYANAGI HARADA SYNDROME : ANALYSIS OF VISUAL PROGNOSIS AND TREATMENT (ABOUT 13 CASES)

LAALAMI S., REUX I., CASSOUX N., FARDEAU C.AND LEHOANG P.
Service d'Ophtalmologie,Groupe Hospitalier Pitié-Salpétrière, Paris, France.

Purpose : To evaluate diagnostic criteria, treatment and visual prognosis of patients with Vogt-Koyanagi-Harada syndrome.
Patients : We rev iewed data from 13 consecutive patients with Vogt-Koyanagi-Harada syndrome who were referred to the eye clinic between january 1988 and december 1994.
Results : Eleven women and 2 men were concerned. The average age was 35 years (14 to 61). The chief presenting complain was an important loss of vision in one eye (1case) or in both eyes (12 cases). In every case, the initial visual acuity was worse than 4/10, Parinaud 6. The diagnosis was made on ocular and extraocular signs and examinations. The ocular manifestations included cells in anterior chamber (10 cases), serous retinal detachment (8 cases), papilledema (9 cases), and retinal edema (3 cases). Extraocular signs and examinations were headache (5 cases), dysacousia with anormal audiogramm (4 cases) and pleiocytosis in cerebrospinal fluid (8 cases). Alopecia (2 cases), poliosis (2 cases) and vitiligo (1 case) were rare. All patients were treated with high doses of systemic corticosteroïds with gradual tapering dosage. In 3 cases, azathioprine was necessary. In 15 eyes/25, and after 6 months of treatment, visual acuity was better than 7/10 Parinaud 3. Relapse with corticodependance was noted in 10 cases. Complications were frequent (choroïdal neovascular membrane in 3 cases, cataract in 3 cases and elevation of intraocular pressure in 2 cases)
Conclusions : Early high doses systemic corticosteroïd therapy followed by a very slow gradual tapering of drug dosage, and close follow-up bring generally good results in Vogt-Koyanagi-Harada syndrome but chronical course and complications affect frequently the visual prognosis.